

# EXHIBIT B

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA Commercial Mortgage Co</b>		Case Number <b>06-10725-LBR</b>	
NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Shirley M Collins, Trustee, as her sole and separate property under Collins Family Trust - dated 1-29-93</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <b>Shirley M Collins Court 1975 Snowberry Court Carlsbad, Ca 92009</b>			
Last four digits of account or other number by which creditor identifies debtor		Check here if this claim <input checked="" type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated <b>12-15-06</b>	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <b>See exhibit A</b>		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2 Date debt was incurred</b> <b>12-16-2002</b>		<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>Unsecured Nonpriority Claim \$</b> _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <b>\$ UNKNOWN</b>  Amount of arrearage and other charges at time case filed included in secured claim if any <b>\$ 12,549.03</b>	
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____  Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 USC § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>5 Total Amount of Claim at Time Case Filed</b>		<b>\$880,190.24</b> <b>\$880,190.24</b> <b>\$880,190.24</b> (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
<b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <b>1-9-07</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <b>Shirley M. Collins, Trustee</b>		

FILED JAN 11 2007



**PROOF OF CLAIM**

Name of Debtor

USA COMMERCIAL MORTGAGE Co

Case Number

BK-S-06-10725-CBR

CHAPTER 11

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

11321241000159

ROBERT A COWMAN & SANDRA L COWMAN  
1525 WINTERWOOD AVE  
SPARKS NV 89434-6730☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

Check here ☐ replaces a previously filed claim dated \_\_\_\_\_  
if this claim ☐ or amends**1 BASIS FOR CLAIM**☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☐ Money loaned☒ Other (describe briefly)

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**BREACH OF CONTRACT - DIRECT LOANS SERVISING DAMAGES****2 DATE DEBT WAS INCURRED****3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM \$**☐ Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.**UNSECURED PRIORITY CLAIM**☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim \_\_\_\_\_

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)**SECURED CLAIM**☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral \_\_\_\_\_

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_Value of Collateral \$ **36.42 million**Amount of arrearage and other charges at time case filed included in secured claim, if any \$ **162,950.00**☐ Up to \$225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)☐ Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM \$** **162,950.00** **\$** **162,950.00**  
AT TIME CASE FILED (unsecured) (secured) (priority) (Total)☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245**THIS SPACE FOR COURT USE ONLY**

FILED DEC 11 2006

DATE

12-6-06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Robert A. Cowman

ROBERT A. COWMAN  
CREDITOR DIRECT LENDER

USA CMC



1072501725

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mort. Co.		Case Number 06-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address 11321241000369 CYNTHIA G DAVIS LIVING TRUST C/O CYNTHIA G DAVIS TRUSTEE 2465 TELLURIDE DR RENO NV 89511-9155		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number (775) 851-2465		Last four digits of account or other number by which creditor identifies debtor	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (describe briefly) See Exhibit A		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) <input type="checkbox"/> replaces or amends a previously filed claim dated _____	
2 DATE DEBT WAS INCURRED 01/07/05		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ 101,493.06 <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ unknown Amount of arrearage and other charges at time case filed included in secured claim if any \$ 1493.06 <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 101,493.06 (unsecured) \$ 101,493.06 (secured) \$ 101,493.06 (priority) \$ 101,493.06 (Total)		Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE FOR COURT USE ONLY	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
DATE 1/8/07	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Cynthia G Davis, Trustee		
USA CMC		USA CMC	



FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada		<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO</b>		Case Number <b>06-10725-LBR</b>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>DEBORAH A DANIEL A SINGLE WOMAN</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <b>DEBORAH A DANIEL 249 S VISTA DEL MONTE ANAHEIM, CA 92807</b>		Telephone number		
Last four digits of account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>SEE EXHIBIT A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>		
<b>2. Date debt was incurred</b> <b>NOVEMBER 18, 2005</b>		<b>3. If court judgment, date obtained</b>		
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.				
<b>Unsecured Nonpriority Claim \$ 202,376 95</b> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>2376 95</u>		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5. Total Amount of Claim at Time Case Filed</b>		<b>\$ 202,376 95</b> <b>202376 95</b> <b>202,376 95</b> (unsecured)    (secured)    (priority)    (Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
<b>6. Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy.</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				THIS SPACE IS FOR COURT USE ONLY
Date <b>JAN 10, 2006</b> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>DEBORAH A DANIEL 714 637-3336</b> <i>Deborah A Daniel</i>				

USA CMC



1072502035




FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada		<b>PROOF OF CLAIM</b>
Name of Debtor <u>USA Commercial Mortgage Company</u>		Case Number <u>06-10725-LBR</u>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Darlene Hammond trustee of the Dar Living Trust dated 2/12/03</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>Darlene Hammond</u> <u>308 La Rue Ct</u> <u>Las Vegas, NV 89145</u> Telephone number <u>702-240-2425</u>				
Last four digits of account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>See Exhibit A</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)				
<b>2. Date debt was incurred</b> <u>11/6/03</u>		<b>3. If court judgment, date obtained</b>		
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim</b> \$ <u>164688.50</u> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. <b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>244669</u> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.				
<b>5 Total Amount of Claim at Time Case Filed</b> <div style="display: flex; justify-content: space-between;"> <span>\$ <u>164688.50</u> (unsecured)</span> <span>\$ <u>164688.50</u> (secured)</span> <span>\$ _____ (priority)</span> <span>\$ <u>164688.50</u> (Total)</span> </div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				THIS SPACE IS FOR COURT USE ONLY
Date <u>1/10/07</u>		Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Darlene Hammond trustee of the Dar Living Trust dated 2/12/03</u> <u>Darlene Hammond</u>		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U



FILED JAN 11 2007

<b>UNITED STATES BANKRUPTCY COURT</b> <b>DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS</b> Schedule/Claim ID    s31820 Amount/Classification \$12 951 80 Unsecured    ✓	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
Name of Creditor and Address  11321240001098 <b>DAVIS FAMILY TRUST</b> <b>C/O JOSEPH DAVIS &amp; MARION SHARP CO-TRUSTEES</b> <b>3100 ASHBY AVE</b> <b>LAS VEGAS, NV 89102 1908</b>		Creditor Telephone Number (    ) Last four digits of account or other number by which creditor identifies debtor <b>722                      3997</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1 BASIS FOR CLAIM</b>  <input type="checkbox"/> Goods sold    <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Services performed    <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Money loaned    <input checked="" type="checkbox"/> Other (describe briefly)  <span style="margin-left: 100px;"><b>SEE ATTACHED</b></span> </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries and compensation (fill out below)          Last four digits of your SS # _____          Unpaid compensation for services performed from _____ to _____ (date)    (date)  <input checked="" type="checkbox"/> Unremitted principal  <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)       </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>2 DATE DEBT WAS INCURRED</b>    <b>8-17-2004</b> </div> <div style="width: 45%;"> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   <b>UNSECURED NONPRIORITY CLAIM \$ 750,000.00</b>  <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.   <b>UNSECURED PRIORITY CLAIM</b>  <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.          Amount entitled to priority \$ _____          Specify the priority of the claim _____  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)       </div> <div style="width: 45%;"> <b>SECURED CLAIM</b>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).          Brief description of collateral _____  <input checked="" type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other _____          Value of Collateral \$ <b>UNKNOWN</b>          Amount of arrearage and other charges at time case filed included in secured claim if any \$ <b>750,000.00</b>   <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (    )          Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.       </div> </div>					
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">\$ <b>750,000.00</b></div> <div style="width: 20%;">\$ <b>750,000.00</b></div> <div style="width: 20%;">\$ _____</div> <div style="width: 20%;">\$ <b>750,000.00</b></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911  BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245					<b>THIS SPACE FOR COURT USE ONLY</b>  <div style="font-size: 2em; font-weight: bold;">FILED JAN 13 2007</div> USA CMC  1072502334
DATE <b>1-12-07</b>		SIGN and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <b>Erven T. Nelson ERVEN T. NELSON, ATTORNEY</b>			



<b>UNITED STATES BANKRUPTCY COURT</b> <b>DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS:</b>	
<b>Name of Debtor</b> <b>USA Commercial Mortgage Company</b>		<b>Case Number</b> <b>06-10725-LBR</b>		<b>Schedule/Claim ID</b> s31157 <b>Amount/Classification</b> \$12 951 80 Unsecured	
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
<b>Name of Creditor and Address.</b>  11321240000195 DAVIS INVESTMENTS 3100 ASHBY AVE LAS VEGAS, NV 89102 1908				The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.	
<b>Creditor Telephone Number ( )</b> Last four digits of account or other number by which creditor identifies debtor 1130 947				Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or <input type="checkbox"/> amends	
<b>1 BASIS FOR CLAIM</b>					
<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <b>SEE ATTACHED</b>					
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<input checked="" type="checkbox"/> Unremitted principal <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)					
<b>2 DATE DEBT WAS INCURRED</b> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>					
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.					
<b>UNSECURED NONPRIORITY CLAIM</b> \$ <u>1,000,000.00</u> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.					
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)					
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral _____ <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____					
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)					
Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>1,000,000.00</u> (unsecured) \$ <u>1,000,000.00</u> (secured) \$ _____ (priority) \$ <u>1,000,000.00</u> (Total)					
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2007 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911					<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED JAN 13 2007</b>  USA CMC  1072502333
<b>DATE</b> 1-12-07		<b>SIGN</b> and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). Erven T. Nelson, Attorney			



Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

Schedule/Claim ID s32661

Amount/Classification

\$25 903 59 Unsecured

- We dispute  
this #.

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address

TODD DAVIS  
360 W. 55th St Apt 1G  
New York, NY 10019

11321240000201

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☒ Check box if this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

4670 3941

Check here ☐ replaces a previously filed claim dated  
if this claim ☐ or amends

## 1 BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☒ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries and compensation (fill out below)☒ Other claims against servicer (not for loan balances)☒ Money loaned☒ Other (describe briefly)

Last four digits of your SS #

Unpaid compensation for services performed from

(date) (date)

SEE ATTACHED

## 2 DATE DEBT WAS INCURRED

## 3 IF COURT JUDGMENT, DATE OBTAINED

## 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

## UNSECURED NONPRIORITY CLAIM \$ 575,000.00

☒ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim all or part of which is entitled to priority.

Amount entitled to priority \$

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☐ Wages, salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)☐ Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

## SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral \$ UNKNOWN

Amount of arrearage and other charges at time case filed included in secured claim if any \$ 575,000.00

5 TOTAL AMOUNT OF CLAIM \$ 575,000.00 (unsecured) \$ 575,000.00 (secured) \$ (priority) \$ 575,000.00 (Total)

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

## 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

## 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245 0911BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245THIS SPACE FOR COURT  
USE ONLY

FILED JAN 13 2007

USA CMC

1072502330

DATE

1-12-07

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Erven T. Nelson, Attorney



FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO.</b>		Case Number <b>06-10725-LBR</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>AND R DERY AND JAMES D. DERY, HUSBAND AND WIFE AS TENANTS IN COMMON</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <b>JAMES DERY 19601 VAN ALKEN Blvd SHAKER HTS, OHIO 44122</b>		THIS SPACE IS FOR COURT USE ONLY	
Telephone number <b>216-283-2505</b>			
Last four digits of account or other number by which creditor identifies debtor		Check here if this claim replaces <input type="checkbox"/> or amends <input type="checkbox"/> a previously filed claim dated: _____	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <b>SEE EXHIBIT A</b>		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2 Date debt was incurred</b> <b>MARCH 2001</b>		<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<input type="checkbox"/> <b>Unsecured Nonpriority Claim</b> <b>\$151,807.59</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<input checked="" type="checkbox"/> <b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <b>\$ UNKNOWN</b> Amount of arrearage and other charges at time case filed included in secured claim if any <b>\$ 1807.59</b>	
<input type="checkbox"/> <b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family, or household use - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>5 Total Amount of Claim at Time Case Filed</b>		<b>\$151,807.59</b> (unsecured) <b>\$151,807.59</b> (secured) <b>\$151,807.59</b> (priority) <b>\$151,807.59</b> (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
<b>7 Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.			
Date <b>1/10/07</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>J D Dery</b>		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 USC



FILED JAN 11 2007

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>USA Commercial Mortgage Company</i>		Case Number <i>BK-S-06-10725-LBR</i>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address  11321241001561 DOBYNE LIVING TRUST C/O ROBERT S DOBYNE & LEAH K DOBYNE TRUSTEES 3416 CANTURA BLUFF AVE NORTH LAS VEGAS NV 89031-3577		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number <i>(702) 396-3447</i> Last four digits of account or other number by which creditor identifies debtor			
Check here if this claim		<input type="checkbox"/> replaces or amends a previously filed claim dated _____	
<b>1 BASIS FOR CLAIM</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned         </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Other (describe briefly)  <i>See Exhibit A+B</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Last four digits of your SS #: _____            Unpaid compensation for services performed from _____ to _____ (date) (date)         </div> <div style="width: 45%;"> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)         </div> </div>			
<b>2 DATE DEBT WAS INCURRED</b> <i>9-14-05</i>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<div style="display: flex;"> <div style="width: 50%;"> <b>UNSECURED NONPRIORITY CLAIM</b> <i>\$237,179.22</i>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.         </div> <div style="width: 50%;"> <b>SECURED CLAIM</b>  <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).            Brief description of collateral:  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____            Value of Collateral: \$ <i>unknown</i>            Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <i>2,179.22</i> </div> </div> <div style="margin-top: 10px;"> <b>UNSECURED PRIORITY CLAIM</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.            Amount entitled to priority: \$ _____            Specify the priority of the claim: _____         </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)         </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other: Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)         </div> <p style="font-size: x-small; margin-top: 5px;">* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;">\$ <i>237,179.22</i> (unsecured)</div> <div style="width: 20%;">\$ <i>237,179.22</i> (secured)</div> <div style="width: 20%;">\$ _____ (priority)</div> <div style="width: 20%;">\$ <i>237,179.22</i> (Total)</div> </div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
DATE <i>1-9-07</i>		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  <i>Robert S. Dobyne, Trustee</i>	
		<b>FILED JAN 10 2007</b>	
		USA CMC  1072501921	